FY 2008 Central Office, State Facility, and Community Services Board Partnership Agreement

Section 1: Purpose

Collaboration through partnerships is the foundation of Virginia's public system of mental health, mental retardation, and substance abuse services. The Central Office of the Department of Mental Health, Mental Retardation and Substance Abuse Services (the Central Office), State Hospitals and Training Centers (State Facilities) operated by the Department, and Community Services Boards (CSBs), which are entities of local governments, are the *operational partners* in Virginia's public system for providing these services. CSBs include operating CSBs, administrative policy CSBs, and local government departments with policy advisory CSBs and behavioral health authorities that are established pursuant to Chapters 5 and 6, respectively, of Title 37.2 of the *Code of Virginia*.

Pursuant to State Board Policy 1034, the *partners* enter into this partnership agreement to implement the vision statement articulated in State Board Policy 1036 and to improve the quality of care provided to consumers and enhance the quality of their lives. The goal of this agreement is to establish a fully collaborative partnership process through which CSBs, the Central Office, and State Facilities can reach agreements on operational and policy matters and issues. In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The partners also agree to make decisions and resolve problems at the level closest to the issue or situation, whenever possible. Nothing in this partnership agreement nullifies, abridges, or otherwise limits or affects the legal responsibilities or authorities of each *partner*, nor does this agreement create any new rights or benefits on behalf of any third parties.

The *partners* share a common desire for the system of care to excel in the delivery and seamless continuity of services to consumers and their families, and we seek similar collaborations or opportunities for partnerships with consumer and family advocacy groups and other stakeholders. We believe that a collaborative strategic planning process helps to identify the needs of consumers and ensures effective resource allocation and operational decisions that contribute to the continuity and effectiveness of care provided across the public mental health, mental retardation, and substance abuse services system. We agree to engage in such a collaborative planning process.

The Central Office, State Facility, and CSB partnership reflects a common purpose derived from:

1. Codified roles defined in Chapters 3, 4, 5, 6, and 7 of Title 37.2 of the *Code of Virginia*, as delineated in the Community Services Performance Contract;
2. Philosophical agreement on the importance of consumer-driven services and supports and other core goals and values contained in this partnership agreement;
3. Operational linkages associated with funding, program planning and assessment, and joint efforts to address challenges to the public system of services; and
4. Quality improvement-focused accountability to consumers and family members, local and state governments, and the public at large, as described in the accountability section of this partnership agreement.

This partnership agreement also establishes a framework for covering other relationships that may exist among the *partners*. Examples of these relationships include Part C of the Individuals with Disabilities Education Act and regional initiatives, such as the Region IV Acute Care Pilot Project, the Discharge Assistance and Diversion program in northern Virginia, reinvestment and restructuring projects, the initiative to promote integrated services for individuals with co-occurring mental illnesses and substance use disorders, and the system transformation initiative.

This partnership agreement contains sections that address: Roles and Responsibilities; Core Values; Indicators Reflecting Core Values; Advancing the Vision; Accountability; Consumer and Family Member Involvement and Participation; System Leadership Council; Communication; Quality Improvement; Reviews, Consultation, and Technical Assistance; Revision; Relationship to the Community Services Performance Contract; and Signatures.

Section 2: Roles and Responsibilities

Although this partnership philosophy helps to ensure positive working relationships, each *partner* has a unique role in providing public mental health, mental retardation, and substance abuse services. These distinct roles promote varying levels of expertise and create opportunities for identifying the most effective mechanisms for planning, delivering, and evaluating services.

Central Office

1. Ensures through distribution of available funding that a consumer-driven and community-based system of care, supported by community and state facility resources, exists for the delivery of publicly funded services and supports to individuals with mental illnesses, mental retardation, or substance use disorders.
2. Promotes at all locations of the public mental health, mental retardation, and substance abuse service delivery system (including the Central Office) quality improvement efforts that focus on consumer outcome and provider performance measures designed to enhance service quality, accessibility, and availability, and provides assistance to the greatest extent practicable with Department-initiated surveys and data requests.
3. Supports and encourages the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, monitoring, and evaluation.
4. Ensures fiscal accountability that is required in applicable provisions of the *Code of Virginia,* relevant state and federal regulations, and State Mental Health, Mental Retardation and Substance Abuse Services Board policies.
5. Promotes identification of state-of-the-art, best or promising practice, or evidence-based programming and resources that exist as models for consideration by other *operational partners*.
6. Seeks opportunities to affect regulatory, policy, funding, and other decisions made by the Governor, the Secretary of Health and Human Resources, the General Assembly, the Department of Medical Assistance Services and other state agencies, and federal agencies that interact with or affect the other *partners*.
7. Encourages and facilitates state interagency collaboration and cooperation to meet the service needs of consumers and to identify and address statewide interagency issues that affect or support an effective system of care.
8. Serves as the single point of accountability to the Governor and the General Assembly for the public system of mental health, mental retardation, and substance abuse services.
9. Problem solves and collaborates with a CSB and State Facility together on a complex or difficult consumer situation when the CSB and State Facility have not been able to resolve the situation successfully at their level.

Community Services Boards

1. Pursuant to State Board Policy 1035, serve as the single points of entry into the publicly funded system of consumer-driven and community-based services and supports for individuals with mental illnesses, mental retardation, or substance use disorders, including individuals with co-occurring disorders in accordance with State Board Policy 1015.

2. Serve as the local points of accountability for the public mental health, mental retardation, and substance abuse service delivery system.
3. To the fullest extent that resources allow, promote the delivery of community-based services that address the specific needs of individual consumers, particularly those with complex needs, with a focus on service quality, accessibility, integration, and availability and on consumer self-determination, empowerment, and recovery.
4. Support and encourage the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, monitoring, and evaluation.
5. Establish services and linkages that promote seamless and efficient transitions of consumers between state facility and local community services.
6. Promote sharing of program knowledge and skills with *operational partners* to identify models of service delivery that have demonstrated positive consumer outcomes.
7. Problem-solve and collaborate with State Facilities on complex or difficult consumer situations.
8. Encourage and facilitate local interagency collaboration and cooperation to meet the other services and supports needs of consumers.

State Facilities

1. Provide psychiatric hospitalization and other services to individuals identified by CSBs as meeting statutory requirements for admission, including the development of specific capabilities to meet the needs of individuals with co-occurring mental illnesses and substance use disorders in accordance with State Board Policy 1015.
2. Within the resources available, provide residential, training, or habilitation services to individuals with mental retardation identified by CSBs as needing those services.
3. To the fullest extent that resources allow, provide services that address the specific needs of individual consumers with a focus on service quality, accessibility, and availability and on consumer self-determination, empowerment, and recovery.
4. Support and encourage the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, monitoring, and evaluation.
5. Establish services and linkages that promote seamless and efficient transitions of consumers between state facility and local community services.
6. Promote sharing of program knowledge and skills with *operational partners* to identify models of service delivery that have demonstrated positive consumer outcomes.
7. Problem-solve and collaborate with CSBs on complex or difficult consumer situations.

Recognizing that these unique roles create distinct visions and perceptions of consumer and service needs at each point (statewide, communities, and state facilities) of services planning, management, delivery, and evaluation, the *operational partners* are committed to maintaining effective lines of communication generally and to addressing particular challenges or concerns. Mechanisms for communication include the System Leadership Council and its subgroups; the System Operations Team; representation on work groups, task forces, and committees; use of websites and electronic communication; consultation activities; and circulation of drafts for soliciting input from other *partners*. When the need for a requirement is identified, the *partners* agree to use a participatory process, similar to the process used by the Central Office to develop Departmental Instructions for State Facilities, to establish the requirement.

These efforts by the *partners* will help to ensure that individuals have access to a public, consumer-driven, community-based, and integrated system of mental health, mental retardation, and substance abuse services that maximizes available resources, adheres to the most effective,

evidence-based, best, or promising service delivery practices, utilizes the extensive expertise that is available within the public system of care, and encourages and supports the self-determination, empowerment, and recovery of consumers.

Section 3: Core Values

The Central Office, State Facilities, and CSBs, the *partners* to this agreement, share a common desire for the public system of care to excel in the delivery and seamless continuity of services to consumers and their families. While they are interdependent, each *partner* works independently with both shared and distinct points of accountability, such as state, local, or federal governments, other funding sources, consumers, and families. The partners embrace common core values that guide the Central Office, State Facilities, and CSBs in developing and implementing policies, planning services, making decisions, providing services, and measuring the effectiveness of service delivery.

Vision Statement

Our core values are based on our vision, articulated in State Board Policy 1036, for the public mental health, mental retardation, and substance abuse services system. Our vision is of a consumer-driven and community-based system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership.

Core Values

1. The Central Office, State Facilities, and CSBs are working in partnership; we hold each other accountable for adhering to our core values.
2. As *partners*, we will focus on fostering a culture of responsiveness instead of regulation, finding solutions rather than assigning responsibility, emphasizing flexibility over rigidity, and striving for continuous quality improvement, not just process streamlining.
3. As *partners*, we will make decisions and resolve problems at the level closest to the issue or situation whenever possible.
4. Services should be provided in the least restrictive and most integrated environment possible. Most integrated environment means a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible (28 CFR pt. 35, App. A, page 450, 1998).
5. All services should be designed to be welcoming, accessible, and capable of providing interventions properly matched to the needs of consumers with co-occurring disorders.
6. Community and state facility services are integral components of a seamless public, consumer-driven, and community-based system of care.
7. The goal of all components of our public system of care is that the persons we serve recover, realize their fullest potential, or move to independence from our care.
8. The participation of the consumer and, when one is appointed or designated, the consumer's authorized representative in treatment planning and service evaluation is necessary and valuable and has a positive effect on service quality and outcomes.
9. The consumer's responsibility for and active participation in his or her care and treatment are very important and should be supported and encouraged whenever possible.

10. Consumers have a right to be free from abuse, neglect, or exploitation and to have their basic human rights assured and protected.
11. Choice is a critically important aspect of consumer participation and dignity, and it contributes to consumer satisfaction and desirable outcomes. Consumers should be provided as much as possible with responsible and realistic opportunities to choose.
12. Family awareness and education about a person's disability or illness and services are valuable whenever the individual with the disability supports these activities.
13. Whenever it is clinically appropriate, children and adolescents should receive services provided in a manner that supports maintenance of their home and family environment. Family includes single parents, grandparents, older siblings, aunts or uncles, and other individuals who have accepted the child or adolescent as a part of their family.
14. Children and adolescents should be in school and functioning adequately enough that the school can maintain them and provide an education for them.
15. Living independently or in safe and affordable housing in the community with the highest level of independence possible is desired for adult consumers.
16. Gaining employment, maintaining employment, or participating in employment readiness activities improves the quality of life for adults with disabilities.
17. Lack of involvement or a reduced level of involvement with the criminal justice system, including court-ordered criminal justice services, improves the quality of life of all individuals.
18. Pursuant to State Board Policy 1038, the public, consumer-driven, and community-based mental health, mental retardation, and substance abuse services system serves as a safety net for individuals, particularly people who are uninsured or under-insured, who do not have access to other service providers or alternatives.

Section 4: Indicators Reflecting Core Values

Nationwide, service providers, funding sources, and regulators have sought instruments and methods to measure system effectiveness. No one system of evaluation is accepted as the method, as perspectives about the system and desired outcomes vary, depending on the unique role (e.g., as a consumer, family member, payer, provider, advocate, or member of the community) that one has within the system.

Simple, cost-effective measures reflecting a limited number of core values or expectations identified by the Central Office, State Facilities, and CSBs guide the public system of care in Virginia. Any indicators or measures should reflect the core values listed in the preceding section. The partners agree to identify, prioritize, collect, and utilize these measures as part of the quality assurance systems mentioned in section 6 of this agreement and in the quality improvement plan described in section 6.b of the Community Services Performance Contract.

Section 5: Advancing the Vision

The *operational partners* agree to engage in activities to advance the achievement of the Vision Statement contained in State Board Policy 1036 and stated in section 3 above. These efforts include the following activities.

1. **Recovery:** The *partners* agree, to the greatest extent possible, to:
   a. provide more opportunities for consumers to be involved in decision-making,
   b. increase recovery-oriented peer-provided and consumer-run services,
   c. educate staff and consumers about recovery, and

d. implement recommendations of the System Transformation Initiative Data/Monitoring Work Group, for example, use the ROSI or a similar mechanism to assess the consumer recovery orientation of the CSB, Central Office, or State Facility.

2. **Integrated Services:** The *partners* agree to advance the values and principles in the Charter Agreement signed by the Board and the Central Office and to increase effective screening and assessment of consumers for co-occurring disorders to the greatest extent practicable.

3. **Person-Centered Planning:** The partners agree to promote awareness of the principles of person-centered planning, disseminate and share information about person-centered planning, and participate on work groups focused on implementing person-centered planning.

Section 6: Accountability

Accountability Improvement

The Central Office, State Facilities, and CSBs agree that it is necessary and important to have a system of accountability in order to:

- protect consumers,
- improve the quality of services, including services to individuals with co-occurring disorders,
- protect the interests of citizens and various stakeholders, and
- maximize public confidence in the system of care.

The *partners* also agree that any successful accountability system requires early detection with faithful, accurate, and complete reporting and review of agreed-upon accountability indicators. The partners further agree that early detection of problems and collaborative efforts to seek resolutions improve accountability. To that end, the *partners* commit themselves to a problem identification process defined by open sharing of performance concerns and a mutually supportive effort toward problem resolution. Technical assistance, provided in a non-punitive manner designed not to "catch" problems but to resolve them, is a key component in an effective system of accountability.

Where possible, joint work groups, representing CSBs, the Central Office, and State Facilities, shall review all surveys, measures, or other requirements for relevance, cost benefit, validity, efficiency, and consistency with this statement prior to implementation and on an ongoing basis as requirements change. In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other *partners*. In all other areas, the *partners* will make decisions or determinations jointly.

The *partners* agree that when accreditation or another publicly recognized independent review addresses an accountability issue or requirement, where possible, compliance with this outside review will constitute adherence to the accountability measure or reporting requirement. Where accountability and compliance rely on affirmations, the *partners* agree to make due diligence efforts to comply fully. The Central Office reserves the powers given to the Department to review and audit operations for compliance and veracity and upon cause to take actions necessary to ensure accountability and compliance.

Desirable and Necessary Accountability Areas

1. **Mission of the System.** As part of a mutual process, the *partners*, with maximum input from stakeholder groups and consumers, will define a small number of key missions for the public community and state facility services system and a small number of measures of these missions. State Facilities and CSBs will report on these measures at a minimum frequency necessary to determine the level and pattern of performance over several years.

2. **Central Office Accountability.** In addition to internal governmental accountability, the Central Office agrees to support the mission of the public services system by carrying out its functions in accordance with the vision and values articulated in section 3. Accountability for the Central Office will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

3. **State Facility Accountability.** In addition to internal governmental accountability, State Facilities agree to support the mission of the public services system by carrying out their functions in accordance with the vision and values articulated in section 3. Accountability for State Facilities will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

4. **CSB Accountability.** In addition to internal governmental accountability, CSBs agree to support the mission of the public services system by carrying out their functions in accordance with the vision and values articulated in section 3. Accountability for CSBs will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

5. **Legislative Accountability.** Additional reporting or responses may be required of CSBs, the Central Office, or State Facilities by the General Assembly or in support of a legislative request or study.

6. **Quality Improvement.** CSBs, State Facilities, and the Central Office will manage internal quality improvement, quality assurance, and corporate compliance systems to monitor activities, detect and address problems, and minimize risk. These activities require no standardized reporting outside of that contained in law, regulation, or policy. The *partners* agree to identify and, wherever possible, implement evidence-based best practices and programs to improve the quality of care that they provide. In the critically important area of service integration for individuals with co-occurring disorders, the *partners* agree to

   a. engage in periodic organizational self-assessment using identified tools,
   b. develop a work plan that prioritizes quality improvement opportunities in this area,
   c. monitor progress in these areas on a regular basis, and
   d. adjust the work plan as appropriate.

7. **Fiscal.** Funds awarded or transferred by one *partner* to another for a specific identified purpose should have sufficient means of accountability to ensure that expenditures of funds were for the purposes identified. The main indicators for this accountability include an annual CPA audit by an independent auditing firm or an audit by the Auditor of Public Accounts and reports from the recipient of the funds that display the amounts of expenditures and revenues, the purposes for which the expenditures were made and, where necessary, the types and amounts of services provided. The frequency and detail of this reporting shall reflect the minimum necessary.

8. **Compliance with Departmental Regulatory Requirements for Service Delivery.** In general, regulations ensure that entities operate within the scope of acceptable practice. The system of Department licensing, in which a licensed entity demonstrates compliance by policy, procedure, or practice with regulatory requirements for service delivery, is a key accountability mechanism. Where a service is not subject to state licensing, the partners may define minimum standards of acceptable practice. Where CSBs obtain nationally recognized accreditation covering services for which the Department requires a license, the Department, to the degree practical and with the fullest possible participation and involvement by the other *partners*, will consider substituting the accreditation in whole or in part for the application of specific licensing standards.

9. **Compliance with Federal and Non-Department Standards and Requirements.** In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other *partners*. In all other areas, the *partners* will make decisions or determinations jointly. The Central Office agrees to identify the minimum documentation needed from the other *partners* to indicate their compliance with applicable Federal and non-Departmental standards and requirements. Where possible, this documentation shall include affirmations by CSBs or State Facilities in lieu of direct documentation. The *partners* shall define jointly the least intrusive and least costly compliance strategies, as necessary.

10. **Compliance with Department-Determined Requirements.** In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other *partners*. In all other areas, the *partners* will make decisions or determinations jointly. The Central Office agrees to define the minimum compliance system necessary to ensure that CSBs and State Facilities perform due diligence in regard to requirements established by the Central Office and that this definition will include only the minimum necessary to meet the intent of the State law or State Board policy for which the requirement is created. Where local government standards are in place, compliance with the local standards shall be acceptable.

11. **Medicaid Requirements.** The Central Office agrees to work proactively with the Department of Medical Assistance Services (DMAS) to create an effective system of accountability that will ensure services paid for by the DMAS meet minimum standards for quality care and for the defined benefit. The Central Office, and CSBs to the fullest extent possible, will endeavor to assist the DMAS in regulatory and compliance simplification in order to focus accountability on the key and most important elements.

12. **Maximizing State and Federal Funding Resources:** The *partners* agree to collect and utilize available revenues from all appropriate sources to pay for services in order to extend the use of state and federal funds as much as possible to serve the greatest number of individuals in need of services. Sources include Medicaid cost-based, fee-for service, Targeted Case Management, Rehabilitation (State Plan Option), and MR Waiver payments; other third party payers; auxiliary grants; food stamps; SSI, SSDI, and direct consumer payments; payments or contributions of other resources from other agencies, such as local social services or health departments; and other state or local funding sources.

13. **Information for Decision-Making:** The *partners* agree to work collaboratively to

    a. improve the accuracy, timeliness, and usefulness of data provided to funding sources and stakeholders;

    b. enhance infrastructure and support for information technology systems and staffing; and

    c. use this information in their decision-making about resources, services, policies, and procedures and to communicate more effectively with funding sources and stakeholders about the activities of the public services system and its impact on consumers and families.

Section 7: Consumer and Family Member Involvement and Participation

1. **Consumer and Family Member Involvement and Participation:** CSBs, State Facilities, and the Central Office agree to take all necessary and appropriate actions in accordance with State Board Policy 1040 to actively involve and support the participation of consumers and their family members in policy formulation and services planning, delivery, monitoring, and evaluation.

2. **Consumer and Family Member Involvement in Individual Services Planning and Delivery:** CSBs and State Facilities agree to involve consumers and, with the consent of consumers where applicable, family members, authorized representatives, and significant others in their care, including the maximum feasible degree of participation in individualized services planning and treatment decisions and activities, unless their involvement is not clinically appropriate.
3. **Language:** CSBs and State Facilities agree that they will endeavor to deliver services in a manner that is understood by consumers. This involves communicating orally and in writing in the primary languages of consumers, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.
4. **Culturally Competent Services:** CSBs and State Facilities agree that in delivering services they will endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.

Section 8: System Leadership Council. The System Leadership Council, established by the *partners* through this agreement, includes representatives of the Central Office, State Facilities, the State Mental Health, Mental Retardation and Substance Abuse Services Board, CSBs, consumers, local governments, and other stakeholders. The Council will meet at least quarterly to, among other responsibilities:

1. identify, discuss, and resolve issues and problems;
2. examine current system functioning and identify ways to improve or enhance the operations of the public mental health, mental retardation, and substance abuse services system; and
3. identify, develop, propose, and monitor the implementation of new service modalities, systemic innovations, and other approaches for improving the accessibility, responsiveness, and cost effectiveness of publicly funded mental health, mental retardation, and substance abuse services.

Some of these responsibilities may be carried out through the System Operations Team (SOT), which includes representatives of the Central Office, State Facilities, and CSBs. The SOT serves two functions: coordinating the services system's response to programmatic and operational issues and acting as a problem-solving group. The SOT will meet monthly to prioritize, track, and work through various operational issues confronting the services system. When appropriate, the SOT will bring resolutions and policy proposals to the System Leadership Council for its consideration and action.

Section 9: Communication. CSBs, State Facilities, and the Central Office agree to communicate fully with each other to the greatest extent possible. Each *partner* agrees to respond in a timely manner to requests for information from other *partners*, considering the type, amount, and availability of the information requested.

Section 10: Quality Improvement. On an ongoing basis, the *partners* agree to work together to identify and resolve barriers and policy and procedural issues that interfere with the most effective and efficient delivery of public mental health, mental retardation, and substance abuse services.

Section 11: Reviews, Consultation, and Technical Assistance. CSBs, State Facilities, and the Central Office agree, within the constraints of available resources, to participate in review, consultation, and technical assistance activities to improve the quality of services provided to consumers and to enhance the effectiveness and efficiency of their operations.

Section 12: Revision. This is a long-term agreement that does not and should not need to be revised or amended annually. However, the *partners* agree that this agreement may be revised at any time with the mutual consent of the parties. When revisions become necessary, they will be developed and coordinated through the System Leadership Council. The *partners* agree that this agreement will be reviewed and renewed at the end of five years from the date of its initial signature, unless they decide jointly to review and renew it sooner. All such reviews and renewals will be coordinated through the System Leadership Council. Finally, either party may terminate this agreement with six months written notice to the other party and to the System Leadership Council.

Section 13: Relationship to the Community Services Performance Contract: This partnership agreement, by agreement of the parties, is hereby incorporated into and made a part of the Community Services Performance Contract.

Section 14: Signatures. In witness thereof, the CSB and the Department, acting on behalf of the Central Office and the State Facilities that it operates, have caused this partnership agreement to be executed by the following duly authorized officials.

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

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_____

Community Services Board

By: _____

Name: James S. Reinhard, M.D.
Title: Commissioner

Date: _____

By: _____

Name: _____
Title: Executive Director

Date: _____